



EDUCATIONAL RESOURCES

Experience the ACHC Difference

Achieving a Successful ACHC
Renal Dialysis Medicare
Certification Survey

 RENAL DIALYSIS



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EDUCATIONAL RESOURCES

Pre-Survey Preparation

 RENAL DIALYSIS



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Create Customer Central Account

- Step 1: Visit cc.achc.org
- Step 2: Complete the demographic information
- Step 3: Preview the appropriate standards
- Step 4: Download your customized ACHC standards



Demographic Information

[Forgot username or password?](#)



Customer Central is your personalized website to complete the accreditation process, from start to finish!

Becoming accredited with ACHC

- Download Standards
- Complete Application
- On-Site Survey

Watch a video tutorial of the new Customer Central

Watch Install Video »
Get Desktop App for Windows »



Please provide the information requested below to create your account and download ACHC standards

FIRST NAME	LAST NAME	
PHONE	EMAIL	
COMPANY NAME	DBA NAME	
ADDRESS		
CITY	STATE	ZIP
-----ACREDITATION PROGRAM-----		NUMBER OF LOCATIONS
SELECT A USERNAME		
ENTER PASSWORD	CONFIRM PASSWORD	
Accreditation completed by:	Which of the following best describes you?	
-----Please Choose-----	-----Please Choose-----	
How did you hear about ACHC?	Are you hospital-affiliated?	
-----Please Choose-----	YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="button" value="SUBMIT"/>		

Download Standards

Download ACHC's Standards
 Select the program and services applicable to your company and click 'Download'. If standards are not required, continue to your application.

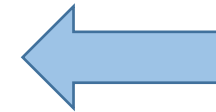
Application >>

Applying for reaccreditation? Download the program-specific updates under [Educational Tools](#).

Pharmacy	Download
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	
Community Retail	
Behavioral Health	Download
Home Health – Medicare Certified	Download
Hospice	Download
Private Duty – Non-Medicare Certified	Download
Sleep	Download
Assisted Living Facilities	Download
Ambulatory Care	Download

ACHC **PREPARE WITH ACCREDITATION WORKSHOPS**

- Pre-Survey Preparation
- Thorough Review of ACHC Accreditation Standards
- Key Steps to a Successful On-Site Survey
- How to Complete Important Post-Survey Components



Appendix A

Appendix A: Standard Service Table for Selected Services

Standard	HDS	ICD
RD1-A	X	X
RD1-B	X	X
RD1-D	X	X
RD1-E	X	X
RD1-F	X	X
RD1-H	X	X
RD1-J.01	X	X
RD1-L.01	X	X
RD2-C	X	X
RD2-D		X
RD2-E	X	X
RD2-H.01	X	X
RD2-I	X	X
RD2-J	X	X
RD2-K.01	X	X
RD2-N	X	X
RD2-P.01	X	X
RD2-Q.01	X	

Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures Customized for: HDS, ICD

Standard #	Documents, Policies and Procedures	Agency Notes
RD1-E	Written Policies and Procedures	
RD2-E	Written Policies and Procedures	
RD2-H.01	Written Policies and Procedures	
RD2-I	Written Policies and Procedures	
RD2-K.01	Written Policies and Procedures	
RD2-N	Written Policies and Procedures	
RD2-P.01	Written Policies and Procedures	
RD2-Q.01	Written Policies and Procedures	
	Written Contracts/Agreements	
RD4-A.01	Written Policies and Procedures	
RD4-F.01	Written Policies and Procedures	
RD4-G.01	Written Policies and Procedures and/or Employee Handbook	
RD4-I	Written Policies and Procedures	

Application

- Online application
- Deposit
- Signed Accreditation Agreement
- Payment method
- Preliminary Evidence Report (PER) checklist
- Required documents in order to be placed into scheduling



Online Application

- Select “NEW APPLICATION” or “RENEWAL”
- Main office
 - Profile
 - Location
 - Contacts
 - Services
- Additional locations – branch locations, per Medicare provider number
- Current Census per modality
- Identify services you want accredited
- Renewals should complete application 6-9 months prior to expiration
- Contact your AA if any of this information needs to be updated



Preliminary Evidence Report

PRELIMINARY EVIDENCE REPORT CHECKLIST



RENAL DIALYSIS

This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Renal Dialysis accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

Verification of the following is required for organizations seeking an initial Medicare Provider Number:

- The organization has completed the CMS-855 application and received written confirmation the application has been *“processed”* and *“the application is being forwarded with a recommendation to the state and CMS Regional Office.”*
 - **Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC). This is applicable for organization seeking an initial Medicare Provider Number**
- A copy of CMS form 3427
 - **Submit a copy of the form**
- A signed agreement between the organization and applicable End-Stage Renal Disease (ESRD) network.
 - **Submit a copy of the ESRD Network agreement. (A signed agreement between the facility and the applicable Network is required prior to the initial certification survey (V755))**
- The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization
- Life Safety Code (LSC) attestation or waiver, if applicable
 - **Submit a copy of the waiver (If a facility does not meet the qualifications for a waiver, a LSC Survey must be completed)**
- The organization must have one patient on the census for each modality offered
- The organization has a full and current license, NOT PROVISIONAL, in the state it is currently doing business, if applicable
 - **Please note: all states may not require a license therefore this only pertains to organizations that reside in states that require a license**

PER Checklist

- PER
 - Mandatory documents and/or criteria that must be submitted and met in order to begin the survey process – Approved 855 A, CMS Form - 3427, LSC Waiver, ESRD Network Agreement
- Date of Compliance you establish on the PER
 - ACHC-only requirements/non-CfCs
- Medicare CfCs, state requirements
 - Acceptance of first patient
- Agency policies
 - Implementation date of policy



Extended Policy Review

- Optional review of complete policies and procedures by an ACHC Surveyor to determine compliance prior to the on-site survey
- Feedback from an ACHC Surveyor regarding the alignment of facility's policies and procedures to ACHC Accreditation Standards
- Option to purchase through Customer Central
- Customized reference guide for required documents and policies and procedures, available as a download
- Utilize Appendix B to organize policies



Appendix B

Appendix B: Reference Guide for Required Documents, Policies and Procedures Customized for: HDS, ICD

Standard #	Documents, Policies and Procedures	Agency Notes
RD1-E	Written Policies and Procedures	
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RD2-I	Written Policies and Procedures	
RD2-K.01	Written Policies and Procedures	
RD2-N	Written Policies and Procedures	
RD2-P.01	Written Policies and Procedures	
RD2-Q.01	Written Policies and Procedures	
	Written Contracts/Agreements	
RD4-A.01	Written Policies and Procedures	
RD4-F.01	Written Policies and Procedures	
RD4-G.01	Written Policies and Procedures and/or Employee Handbook	
RD4-I	Written Policies and Procedures	

Policy Review Results

- Desk Review Report will come from the Account Advisor
- 21 days to revise and re-submit all corrections to Account Advisor
- 30-day window to prepare staff
 - Policy often reflects practice

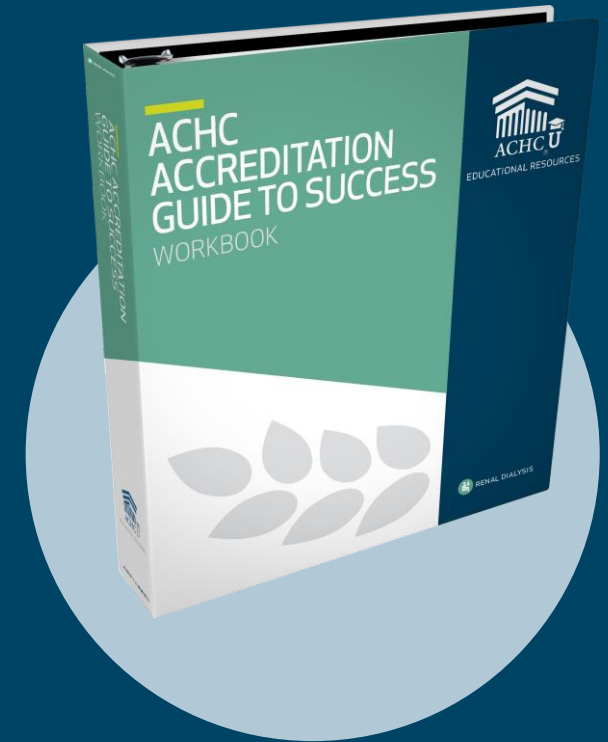




EDUCATIONAL RESOURCES

ACHC Accreditation Guide To Success Workbook

Renal Dialysis



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Guide To Success Workbook

■ Essential Components

- Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
- Each section also contains audit tools, sample policies and procedures, templates, and helpful hints

■ Other Tools

- Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process

■ Section Index

- Quickly locate important information for successfully completing the ACHC accreditation process



Preparation

- Educate key staff
 - Clinical staff (employees & contract)
 - Administrative
 - Governing body
 - Medical Director
 - Patients
- Prepare the facility
 - Human Resources
 - IT/EMR
 - Office/lobby space
 - Treatment area
 - Warehouse (water room, supply area)



EDUCATIONAL RESOURCES

Achieving A Successful Survey Outcome

Understanding the ACHC Renal Dialysis Standards

 RENAL DIALYSIS



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Review The Standards

- Identifier – RD
 - Services applicable
 - ICD – In-Center Dialysis
 - HDS – Home Dialysis Services
- Standard
 - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
- Interpretation
 - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
 - Items that will be reviewed to determine if the standard is met

Standard Example



Standard RD1-F: The governing body appoints a qualified Chief Executive Officer (CEO) or Administrator who is responsible for the management of the facility and the provision of all dialysis services. (494.180(a)(1-4)) V752-756

The CEO or Administrator is appointed by the governing body as the administrator responsible for the overall operation, management, enforcement of rules and regulations, and oversight of health care and safety of patients.

Evidence: Governing Body Meeting Minutes/Bylaws, Job Description for appointed responsible manager (CEO or Administrator).

Standard - Example



Standard RD1-L.01: The facility informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from regulatory inspections and/or audits.

Reporting of negative outcomes within 30 days to ACHC

- Facility license suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicare (condition-level deficiency)/Medicaid regulations identified during survey by another state/regulatory body resulting in Condition level deficiency or IJ
- Revocation of Medicare/Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority

Evidence: Governing Body Meeting Minutes, prior Regulatory Inspection Reports, and response to Interviews.

Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards
 - CfCs
 - State requirements
 - Facility policy
 - Scope of practice
 - ACHC Standards



Items Needed For On-Site Survey

ITEMS NEEDED FOR ON-SITE SURVEY RENAL DIALYSIS



RENAL DIALYSIS

Below are items that will need to be reviewed by the Surveyor during your on-site survey.
If you have any questions, please contact your Account Advisor.

1. List of current patients by name, separated by modalities
2. List of facility key personnel: medical director, administrator, nurse manager, social worker, dietician, chief technician, and home training nurse(s)
3. Current in-center hemodialysis patient schedule by days & shifts with any isolation patients identified (seating chart or assignment sheet)
4. List of patients admitted to this facility within the past 90 days who are currently on census (do not include visiting patients) separated by modality with date of admission
5. List of patients who have been designated "unstable" for any month in the past 3 months, including reason for unstable and month
6. List of all patients who were involuntarily discharged (not transferred to another outpatient dialysis facility) from this facility in the past 12 months
7. List of all discharged patients categorized as "lost to follow up" (i.e., not transferred out or discontinued by dialysis) for the past 12 months
8. List of home hemodialysis (HD) or peritoneal dialysis (PD) patients scheduled to be seen at the facility during the survey
9. List of residents of long term care facilities who receive their hemodialysis or peritoneal dialysis at the long term care facility and the name of the long term care facility where they are receiving dialysis
10. Hospitalization logs with admitting diagnoses listed for 6 months
11. List of current patients readmitted to the hospital within 30 days of discharge in the past 6 months, separated by modality
12. Infection logs for the last 6 months
13. List of in-center hemodialysis patients who are dialyzed with 0 K+ or 1.0 K+ dialysate
14. All patients' individual laboratory results for hemoglobin, Kt/V, uncorrected calcium, phosphorus and albumin for the current 3 months, separated by modality
15. Vaccination information:
 - a. # of patients who received a complete series of hepatitis B vaccine
 - b. # of patients who received the influenza vaccine between August 1 and March 31

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- c. # of patients who received the pneumococcal vaccine
16. Staff schedule for the last 2 weeks by day
17. Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, and dialyzer reprocessing/reuse, if applicable
18. Patient suggestion/complaint/grievance log for the past 6 months
19. Adverse events (e.g., clinical variances, medical errors) documentation for the past 6 months
20. QAPI team meeting minutes for the past 6 months and any supporting materials
21. Copy of CMS-approved waivers for medical director and/or isolation room
22. Facility Life Safety Code attestation or waiver (required if the in-center or home training treatment area does not provide exit at grade level or if the facility is adjacent to an industrial high hazard occupancy)
23. Staff practice audits for infection prevention while performing direct patient care (12 months)
24. Water and Dialysate Review – logs for:
 - a. Daily water system monitoring (2 months)
 - b. Total chlorine testing (2 months)
 - c. Bacterial cultures and endotoxin results – water and dialysate (6 months)
 - d. Chemical analysis of product water (12 months)
 - e. Staff practice audits for water testing, dialysate mixing and testing, and microbiological sampling (12 months)
25. Equipment Maintenance Review:
 - a. Documentation of preventative maintenance and repair of hemodialysis machines (12 months)
 - b. Documentation of calibration of equipment used for machine maintenance (12 months)
 - c. Documentation of calibration of equipment used to test dialysate pH/conductivity (12 months)
26. Dialyzer Reprocessing Review (if applicable) – logs for:
 - a. Bacterial cultures and endotoxin results from reuse room sites (6 months)
 - b. Preventative maintenance and repair of reprocessing equipment (12 months)
 - c. Reuse QA audits (12 months)



Reports

- Current patient census
 - Separated by modality
 - Unstable patients for the past 3 months
- Current schedule of patient treatments
 - In-center
 - Home training
 - Staff assisted in LTC/SNF
- List of discharge patients for past 12 months
 - Involuntary Discharges for the past 12 months
- Hospitalization logs with admitting diagnoses for past 6 months
 - Current list of patients readmitted to the hospital with 30 days of discharge

Reports

- Personnel list
 - Core Personnel: Medical Director, Administrator/Nurse Manager, Registered Dietician, and Master Degree Social Worker
 - Employees & contract staff
- Previous survey results
- Admission packet and education materials
- Staff meeting minutes for past 12 months
- Internal Plans of Corrections

Section 1

- Approved 855A
- Current license, if applicable
- Governing body meeting minutes for the past 12 months
- Disclosure of ownership
- Organizational chart
- Job description for Administrator/CEO
- List of physicians on call for emergencies
- Contract/agreement with a hospital for inpatient care
- Contract/agreement for any direct care services and proof of professional liability insurance
- Prior Federal, State, or Local regulatory inspection reports

Section 2

- CLIA certificate of waiver for laboratory testing being performed at your facility as well as verification that the referral laboratory is certified in the appropriate specialties and subspecialties
- Patient Rights and Responsibilities statement
- Incident reports/investigation results
- Grievance/complaint log
- Securing and releasing confidential and PHI/EPHI
 - Signed confidentiality statements for all personnel and governing body members

Section 2

- Compliance plan/program
- Evidence of how communication/language barriers are addressed
- Evidence of how ethical issues are addressed
- Written contracts/agreements for dialysis services provided in a LTC/SNF
- Special purpose dialysis facility complies with applicable requirements
 - Vacation camp
 - Emergency circumstances

Section 3

- Evidence of staff availability to provide guidance to patients in regard to financial assistance
 - Ensure personnel file contain appropriate job description for financial counselor/SW

Section 4

- Personnel records
 - Medical Director, nurse manager, registered dietician, and qualified social worker
 - Direct-care staff and contract staff (qualified nurse(s) and patient care technicians with specific qualifications and training)
 - Administrative and clinical
 - QAPI Coordinator
- Employee handbook or evidence that staff have access to personnel policies and procedures
- Competency assessment(s); validation of skills specific to job responsibilities
- Written education plan and evidence of ongoing education

Section 5

- Medical records
 - Surveyor needs the entire medical record (electronic and paper documents)
 - Do not print the medical record
 - Surveyor will need “read only” access to the entire medical record
 - Facility must provide the Surveyor with a laptop or desktop computer for reviewing the medical record
- Controlled substances log, if applicable

Section 6

- Quality Assessment and Performance Improvement (QAPI) Program
 - Individual designated as responsible for the program
 - Evidence that governing body, organizational leaders, and personnel are involved in the program
- Evidence for the tracking of:
 - Complaints and grievances
 - Patient incidents/variances
 - Quarterly chart audit
- Ongoing and/or current QAPI projects
- Annual evaluation of QAPI Program
- Mandatory information and data reporting to the End Stage Renal Disease (ESRD) Network

Section 7

- Evidence of an Infection Control Program
 - TB Exposure Plan
 - Bloodborne Pathogen Plan
 - Policies and procedures
 - Staff training
- Water treatment
 - Water and dialysate quality standards
 - Equipment requirements
- Reuse Program, if applicable
- Life Safety Code requirements, if not covered under the waiver
- Emergency Preparedness Plan
- Access to SDS information
- Maintenance logs

Review of Logs & Records

- Hospital logs
- Infection logs
- Vaccination records (patients & staff)
- Previous inspection records
- Evidence of fire & safety drills
- Medication handling and disposal logs/records
- Temperature logs for refrigerator(s):
 - Medications
 - Labs
- Temperature logs for facility

Review of Logs & Records

- Water and Dialysate logs
 - Daily water system monitoring
 - Total chlorine testing
 - Bacterial cultures and endotoxin results
 - Chemical analysis of product water
 - Staff training and competency for water testing, dialysate mixing and testing, and microbiological sampling
- Equipment maintenance
 - Preventative maintenance and repair of hemodialysis machines
 - Calibration of equipment used for machine maintenance
 - Calibration of equipment used to test pH/conductivity

Review of Logs & Records

- Dialyzer reprocessing (if applicable)
 - Bacterial cultures and endotoxin results from reuse room
 - Preventative maintenance and repair for reprocessing equipment
 - Reuse quality assurance audits

Standard & Condition Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual standards under the Medicare Conditions for Coverage
 - Not as “severe”
 - Individual, random issue vs. systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, or multiple standards under a single condition are out of compliance

Focus Areas

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education
- Implement an internal Plan of Correction (POC)
- Share improvements with your Surveyor during survey

SURVEY SUCCESS

A silhouette of a person standing on a mountain peak, holding a flag. The person is positioned in the center of the frame, with the flag flying to the right. The background is a dark teal gradient with a silhouette of a mountain range at the bottom.

Key to survey success is compliance
with the Medicare Conditions for
Coverage (CfCs)!



EDUCATIONAL RESOURCES

Achieving a Successful Survey Outcome

On-site Survey Process

 RENAL DIALYSIS



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Role of Surveyor

- To ensure ACHC Accreditation Standards are being followed
- Data collectors
- Documented evidence that is “readily identifiable”



On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Medical record review
- Treatment observations & patient SNF home visits (if applicable)
- Water treatment observations and reuse observations (if applicable)
- Interview with staff, Medical Director, governing body, and patients
- Review of facility's implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference

Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
 - CMS 3427
- Good time to gather information needed by the Surveyor
- KEY REPORTS
 - Current census with specific details (Name, date of admission, LTC/SNF residents)
 - Access report with date of insertion/creation
 - Discharge and transfers (to include IVD's)
 - List of patient's considered "unstable" per the comprehensive assessment criteria
 - Outlier Report
 - Outcomes lists

Opening Conference

- Personnel
 - Name, start of hire, and discipline/role
- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
 - Read-only access
- Appoint a liaison
- Any previous survey results from past 12 months (if applicable)
- Patient admission packet and education materials
- Facility policies and procedures

Tour

- Brief tour of facility
 - Treatment area (in-center and home training)
 - Medication room/area
 - Reuse Room (if applicable)
 - Water room/Warehouse
 - Lab
 - Medical record storage
 - Maintaining confidentiality of Protected Health Information (PHI)
 - Supply area or clean cart
 - Emergency supplies and code cart
 - Biohazardous waste area
 - Required posters in place
 - Fire extinguishers/smoke detectors/non-smoking signage
 - Restrooms

Personnel Record Review

- Review personnel records for key staff and contract staff
 - Application, tax forms, and I-9
 - Job descriptions and evaluations
 - Verification of qualifications
 - Orientation records, competencies, and ongoing education
 - Medical information
 - Background checks

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

SURVEY CHECKLIST – PERSONNEL FILES

 RENAL DIALYSIS

Please gather or flag the identified items for the following personnel/contract individuals.

COMPLIANCE DATE:

Standard	Item Required	Administrator:	Clinical Director:	Charge Nurse/RN:	PCT:	LPN/LVN:	Registered Dietitian:	MSW:	Biomedical:	Water Tech:	Medical Director:	Home Dialysis Nurse:	Home Dialysis Tech:	Other Staff:
RD2-K.01	Signed confidentiality statement													
RD4-A.01	Position application, CV or Resume (N/A for contract staff)													
RD4-A.01/RD4-G.01	Signed Job Description or contract													
RD4-A.01	Dated and signed withholding statements (N/A for contract staff)													
RD4-A.01	I-9 Form (N/A for contract staff)													
RD4-C.01	Evidence of Orientation													
RD4-D	Evidence of qualifications, license, registration, and/or certification													
RD4-D	Evidence of BLS for direct care staff													
RD7-A	Evidence of baseline TB and annual TB screening (direct care staff only)													
RD4-F.01	Criminal background check													
RD4-F.01	Office of Inspector General Exclusion List check													
RD4-F.01	National sex offender registry check, if applicable													
RD4-G.01	Evidence of receipt of Employee Handbook													

Medical Chart Reviews

- Based on the total facility census at the time of survey to include patients receiving dialysis treatments at a LTC facility.
 - Not meeting outcome goals (“outliers”) in the data-driven focus areas
 - Unstable
 - New admission <90 days
 - Long Term Care (LTC) residents receiving home dialysis in a nursing home
 - Complaints, if applicable (Patients involved with a complaint being investigated during the survey)
 - Involuntarily discharged (IVD) in the past 12 months, if applicable (Do not include patients who voluntarily or involuntarily transferred to other dialysis facilities)

Medical Chart Reviews

- Electronic Medical Record
 - Do not print the medical record
 - Need access to the entire record
 - Need to have a laptop/desktop supplied by the facility
 - Navigator/outline

Medical Record Review & SNF/LTC Visits

Current Census	Minimum # of Record Reviews
1-40	Minimum of 5*
41-100	Minimum of 7
101-150	Minimum of 10
>150	Minimum of 15

*If there are fewer than five patients on the facility census, which may occur for facilities that are requesting initial certification, all patients on the facility's census will be reviewed.

*Visits to a minimum of two SNF/LTCF where renal dialysis patients are receiving home dialysis.

Observations

- Observations of Hemodialysis Care and Infection Control Practices
 - Direct care staff delivering care
 - Patient care
 - Dialysis station and equipment preparation
 - Medication preparation and administration
 - Facility isolation practices
 - Dialysis treatment prescription delivery
- Home dialysis training and support
 - Direct care
- Prepare patients and families for potential observations and interviews
 - Facility is responsible to obtain consent from patient/family

Observations

- Critical water treatment components
 - Observation of total chlorine test
 - Documentation of oversight of water & dialysate
- Dialysis Equipment maintenance review
- Dialyzer Reprocessing/Reuse review (if applicable)

Exit Conference

- Mini-exit
 - At the end of each day to identify deficiencies
- Final exit conference
 - Present all corrections prior to exit conference
 - Surveyor cannot provide a score
 - Invite those you want to attend
 - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC Standard
 - Seek clarification from Surveyor while still on site

Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required
- V tags that are corrected on site will still be scored as a “No” and a POC will be required
 - Always seek to demonstrate regulatory compliance
 - Validation surveys

Resources

- Account Advisor
- Customer Central, cc.achc.org
- Renal Dialysis Survey Prep Packet
 - Items Needed for On-Site Survey
 - Completion of CMS paperwork
 - Personnel File Survey Checklist
- Monthly “Did You Know” emails
- *ACHC Today* emails
- ACHCU, achcu.com

Re-Cap

- Generate the needed reports
 - Current census with specific details (Name, date of admission, LTC/SNF residents)
 - Access report with date of insertion/creation
 - Discharge and transfers (to include IVD's)
 - List of patient's considered "unstable" per the comprehensive assessment criteria
 - Outlier Report
 - Outcomes lists

Re-Cap

- Electronic Medical Record
 - Read-only access
- Gather all information on the Items Needed For On-Site Survey list
- Flag the required policies and procedures
- Flag the required documents for personnel files



EDUCATIONAL RESOURCES

Thank you!

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